

CALIFORNIA STATE EMPLOYEES' CHARITABLE CAMPAIGN 2005 PRINCIPAL COMBINED FUND DRIVE APPLICATION



California Government Code section 13923 and Title 2, California Code of Regulations, section 633.9, govern the solicitation of State officers and employees for charitable purposes and allow for payroll deductions related to the solicitation. State officers and employees may be solicited only by a Victim Compensation and Government Claims Board (Board) approved Principal Combined Fund Drive (PCFD).

FORM INSTRUCTIONS

The complete application must be postmarked no later than MARCH 15, 2005.

The following items must be returned to the Board in order for your organization to be considered for participation in the 2005 Campaign.

- 1. Complete all sections, including an original signature. Please print or type all information.
- 2. A **copy of your 501(c)(3) documentation**, including a letter from the IRS or other state issued documentation authorizing any legal name change. (A copy of the 501(c)(3) documentation must be submitted even if your organization has previously participated in the Campaign.)
- 3. An alphabetical listing of all affiliate member agencies.
- 4. Enclose alphabetized affiliate applications, including original signatures and copies of their 501(c)(3) documentation.

Please Note:

- Facsimile applications are **not** acceptable. Photocopies of the application are acceptable only with an **original** signature.
- Any blank areas may result in the application being returned for incompleteness. If an item does not apply to your organization, write "n/a" on the blank.
- Do not send additional information with your application, i.e. organization brochures, financial statements, etc.
- Return completed form to: Victim Compensation and Government Claims Board
PO Box 3035
Sacramento CA 95812-3035
Attn: Marlene Dederick, Campaign Coordinator

Pursuant to the legal authority cited above, the following organization hereby applies to the Board to (1) be included, by name, in the literature distributed during the 2005 California State Employees' Charitable Campaign (Campaign) by the organization(s) approved by the Board to serve as the PCFD for the area(s) listed in Section II below; and (2) receive contributions that State officers and employees may designate to our organization

ORGANIZATION INFORMATION:

1. ORGANIZATION NAME

A. LEGAL NAME exactly as recognized by the I.R.S. on the 501(c)(3) tax-exempt form.

If your organization name does not match that stated on the 501(c)(3) documentation, is known by another name or you would like contributions directed to a specific program within your organization, please complete this section by placing a check mark in the appropriate box. (Organization name changes **REQUIRE** supporting documentation be submitted with your application i.e. fictitious business name statement, articles of amendment, etc.)

Board Use ONLY:

CSECC ID Number:

B. We are:

☐ Doing Business As ☐ Also Known As

name: _____

ORGANIZATION ADDRESS: Please send all correspondence to: _____ Physical Address
(Please indicate only one answer): _____ Mailing Address



2. **PHYSICAL ADDRESS:**
(Required)

CITY, STATE, ZIP: _____



3. **MAILING ADDRESS:**
(If different than the physical address)

CITY, STATE, ZIP: _____

CONTACT – ADDITIONAL INFORMATION

4. **PRIMARY CONTACT:**
(Name and Title)

5. **TELEPHONE NUMBER:**
(Please do not use letters.)

() _____

6. **EMAIL ADDRESS:**

7. **WEB PAGE ADDRESS:**

8. **FEDERAL TAX ID NUMBER:**

AFFILIATE MEMBER AGENCY INFORMATION

9. Specify the number of affiliated member agencies applying for the 2005 Campaign: _____.

10. Attach a complete alphabetical listing of your affiliates that have applied for participation in the 2005 Campaign.

11. Attach a completed, alphabetized affiliate certification form for **each** affiliate that wishes to participate in the 2005 Campaign. **Each certification form must contain an original signature and a copy of the 501(c)(3) documentation.** If the name on the certification does not match that of the 501(c)(3), please submit documentation authorizing any legal name change (i.e. Doing Business As statement, Articles of Incorporation, etc.) If you have any questions regarding the eligibility of documentation, please call the Campaign Coordinator.

AREAS OF SOLICITATION



12. Please place a check mark in the box next to the names of the California counties where your organization normally solicits contributions. In addition, if your organization normally solicits specific regions within a County, please indicate the areas of solicitation on the lines below.

<input type="checkbox"/> Alameda	<input type="checkbox"/> Glenn	<input type="checkbox"/> Marin	<input type="checkbox"/> Placer	<input type="checkbox"/> San Mateo	<input type="checkbox"/> Sutter
<input type="checkbox"/> Alpine	<input type="checkbox"/> Humboldt	<input type="checkbox"/> Mariposa	<input type="checkbox"/> Plumas	<input type="checkbox"/> Santa Barbara	<input type="checkbox"/> Tehama
<input type="checkbox"/> Amador	<input type="checkbox"/> Imperial	<input type="checkbox"/> Mendocino	<input type="checkbox"/> Riverside	<input type="checkbox"/> Santa Clara	<input type="checkbox"/> Trinity
<input type="checkbox"/> Butte	<input type="checkbox"/> Inyo	<input type="checkbox"/> Merced	<input type="checkbox"/> Sacramento	<input type="checkbox"/> Santa Cruz	<input type="checkbox"/> Tulare
<input type="checkbox"/> Calaveras	<input type="checkbox"/> Kern	<input type="checkbox"/> Modoc	<input type="checkbox"/> San Benito	<input type="checkbox"/> Shasta	<input type="checkbox"/> Tuolumne
<input type="checkbox"/> Colusa	<input type="checkbox"/> Kings	<input type="checkbox"/> Mono	<input type="checkbox"/> San Bernardino	<input type="checkbox"/> Sierra	<input type="checkbox"/> Ventura
<input type="checkbox"/> Contra Costa	<input type="checkbox"/> Lake	<input type="checkbox"/> Monterey	<input type="checkbox"/> San Diego	<input type="checkbox"/> Siskiyou	<input type="checkbox"/> Yolo
<input type="checkbox"/> Del Norte	<input type="checkbox"/> Lassen	<input type="checkbox"/> Napa	<input type="checkbox"/> San Francisco	<input type="checkbox"/> Solano	<input type="checkbox"/> Yuba
<input type="checkbox"/> El Dorado	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> Nevada	<input type="checkbox"/> San Joaquin	<input type="checkbox"/> Sonoma	
<input type="checkbox"/> Fresno	<input type="checkbox"/> Madera	<input type="checkbox"/> Orange	<input type="checkbox"/> San Luis Obispo	<input type="checkbox"/> Stanislaus	

Regions: _____

DESCRIPTION OF ACTIVITIES

13. New Applicants

Please provide a statement, no greater than 25 words in length,¹ describing your organization's activities. DO NOT include the name of your organization in your statement. Your web address may be included and will not be counted as part of the 25 words. This statement will be included in the local Campaign Brochures.

Sample appearance in brochures:

0000 Name of Organization
Phone no. Address
25 Word Description

Previous Applicants

Modifications may be made by lining out information and writing in the desired wording or a separate sheet may be attached.

☐ No changes are necessary; please continue to use the statement below. (If no statement is printed, please provide it on the following lines or attach a separate sheet.)

¹ The Board will edit any statement that uses special fonts or exceeds 25 words.



FEES AND EXPENSES

14. Specify below the proposed fee, as a percentage of contributions received, to be charged to affiliates and nonaffiliated beneficiaries (non-affiliates) for reimbursement of PCFD fund-raising and administrative expenses: (Note: Organizations submitting fees in excess of 18% must submit an explanation justifying the need for a higher percentage.)

AFFILIATES		NONAFFILIATES	
Fund-raising	%	Fund-raising	%
Administration	%	Administration	%
TOTAL	%	TOTAL	%

15. Please provide the total amount raised for the State Campaign in the previous Fiscal Year.

\$ _____
Please round numbers off to the nearest whole dollar

16. Please provide the total amount raised for the previous Fiscal Year, including the State Campaign.

\$ _____
Please round numbers off to the nearest whole dollar

CONDITIONS FOR APPROVAL OF THIS APPLICATION:

We agree to do all of the following as a PCFD agency in the 2005 Campaign:

- 1) Provide all State officers and employees in the PCFD area with a payroll deduction authorization form and all of the following:
 - a. A list of the non-affiliates that were approved for Campaign participation in the PCFD area;
 - b. Information regarding the purpose of the Board-approved fee that is charged to affiliates and non-affiliates for reimbursement of PCFD fund-raising and administrative expenses; and
 - c. A form on which the officer or employee may designate that contributions be directed to specific affiliates or non-affiliates. The form must be in triplicate, with one copy intended for (a) the officer or employee, (b) the beneficiary designated by the officer or employee, and (c) the PCFD agency.
- 2) Transmit contributions, as designated by any State officer or employee, to any charitable organization qualified as "exempt" under both Section 23701(d) of the California Revenue and Taxation Code and Section 501(c)(3) of the United States Internal Revenue Code of 1954, after deducting a fee for reimbursement of PCFD fund-raising and administrative expenses (at a Board-approved percentage rate).
- 3) Pay the State of California's cost of establishing charitable-related payroll deductions and remitting the proceeds, as determined by the State Controller and the Victim Compensation and Government Claims Board.

We acknowledge:

- 1) That this original application form must be **completed** and received at the Board's office no later than the date specified by the Board. A timely submission is necessary for the Board's consideration of an organization's application to act as a PCFD.
- 2) That if the Board requests information supporting a certification of eligibility, the information will be furnished promptly. The burden of demonstrating eligibility shall rest with the applicant.

We agree that: in consideration for and as a condition of the State Controller withholding and transmitting payroll deductions, as authorized by California Government Code Section 1151(f), we shall hold harmless the State of California, including but not limited to its officers and employees, from any liability that may result from making, canceling, or changing any requested payroll deduction.

We certify under penalty of perjury:

- 1) That we are currently a charitable organization qualified as "exempt" under Section 23701d of the Revenue and Taxation Code **and** paragraph (3) of subsection (c) of Section 501 of the Internal Revenue Code of 1954; and
- 2) That we are in compliance with the provisions of the California Fair Employment and Housing Act, Part 2.8 (commencing with Section 12900).
- 3) That the fund-raising and administrative expenses are less than 18% of our total revenue. OR If this percentage exceeds 18%, we certify that our actual expenses for those purposes are reasonable under all circumstances **and** we have attached an explanation to that effect.

APPLICATION FILING DEADLINE: MARCH 15, 2005

Please be sure that this application includes required documentation for a name change or doing business as statement. This will avoid any unnecessary delays in processing the application.

Original Signature of Executive Officer or Authorized Officer
(blue ink preferred)

Date

Typed or Printed Name of Executive Officer or Authorized Officer

Title

CSECC law, rules and policies, as well as copies of the application
can be downloaded by visiting our website at
www.vcgcb.ca.gov/csecc.htm.
Do not hesitate to contact Marlene Dederick if you have any
questions. Our toll free number is 1- (800)-955-0045

CSECC ID Number:

